Governor's Commission for a Drug Free Indiana

A Division of the



Comprehensive Community Plan

County: Rush

LCC: Rush County Coordinating Council for Safe and Drug Free Schools and Communities

Date Due: February 28, 2015

Date Submitted: March 19, 2015

New Plan X Plan Update



LCC Contact: Robert M. Bridges

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City: Rushville

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Rush County Council: Gerald Mohr, President

Address: 101 E. 2nd St, 2nd Floor

City: Rushville Zip Code: 46173

Plan Summary

Mission Statement: To create a broad-based chemical abuse prevention program through enhancement of self-esteem, intervention and education methods, rehabilitation alternatives and a community-wide network of communication.

History: In 1990, as a result of then Governor Evan Bayh's initiative to battle Indiana's fight against alcohol and other drug problems each county in Indiana was designated a local coordination council to address substance abuse issues at the local level. At that time Bob Pychinka was asked to lead the Rush County Local Coordinating Council.

Representatives from the schools, mental health services, law enforcement and related judiciary officials, began meeting regularly to implement strategies for combating substance abuse in Rush County. Outlying towns in Rush County are also served by the council. These towns include Arlington, Mays, Milroy and Glenwood. The Board of Directors is comprised of law enforcement, educators, social services, health services and community representatives. They regularly attend the monthly meetings.

Rush County (population 17,392) is located in east central Indiana, 46 miles southeast of the state capital, Indianapolis. Rushville is the county seat. Rush County was organized in 1821 and named after Dr. Benjamin Rush, a Revolutionary War physician.

Rush County has an unemployment rate of 5.1%. The personal income per capita is \$43,167 with the median household income being \$46,910. The poverty rate is 12.8%. Among children under 18, the poverty rate is 19.1%. Reported school enrollment is 2,666 of which 1,246 students receive free and reduced lunch. In Rush County 15.1% of adults (25+) have bachelor's degrees or more.

Population estimates by Race or Hispanic origin (2013) are as follows:

American Indian/Alaska Native Alone	35
Asian alone	68
Black alone	162
Native Hawaiian	5
White alone	16,586
Two or More Races	142
Non-Hispanic or Latino	16,795
Hispanic/Latino	209

Summary of the Comprehensive Community Plan: The Rush County Local Coordinating Council is committed to the reduction of alcohol and drug related incidents by forming alliances among our county's agencies and resources in order to maximize our efforts to battle alcohol and drug use at a local level.

The LCC members have determined our county's problem statements to be:

- (1) Underage drinking is a problem in Rush County.
- (2) Alcohol misuse is a problem among adults in Rush County.



- (3) Marijuana use and its derivatives are a problem in Rush County.
- (4) Prescription drug misuse by youth and adults are a problem in Rush County.
- (5) Methamphetamine and Heroin is a problem in Rush County.

These problem statements are the result of collaboration among law enforcement, education, health, mental health and probation departments and other participating members of our local coordinating council. These statements will serve as our guide for funding programs out of the drug free community fund.

In order to receive funding, the request must be related to the prevention/education of the use of alcohol and other drugs, the intervention/treatment of the use of alcohol and other drugs, or be related to the justice/enforcement of alcohol and other drug use. Programs that are funded by the LCC give program updates at the monthly meetings. For 2015 the Rush County Council designated \$20,000.00 (from Drug and Alcohol Countermeasure Fees) for allocation to the LCC.

The Rush County Local Coordinating Council for Safe and Drug Free Schools and Communities adopted a new grant application process in 2009. Funding or grant applications will be accepted in February and September of the current funding year. The application process is as follows:

- 1. New or existing funding applications are due on either February 10th or September 10th, approximately two weeks prior to that month's regular meeting and the completed applications are to be turned into the Director of the Local Coordinating Council.
- 2. The appointed LCC grant committee meets prior to the monthly meeting to review all grant applications.
- 3. The grant committee will introduce the grant applications at the regular monthly meeting, make recommendations and open the floor for discussion and questions for the applicant, after which a vote will be taken to either approve or deny the funding. **NOTE:** Those applying for grant money should be in attendance at the February or September meeting.
- 4. Funding applications are for future programs and cannot be used for programs that are in arrears.

Membership List

County LCC Name: Rush County Local Coordinating Council for Safe and Dug-Free Schools and Communities

#	Name	Organization	Race	Gender	Category
1	Karen Brown	Rushville Elementary West Principal	Caucasian	F	Education
2	Michael Pavey	Mayor City of Rushville	Caucasian	M	Government
3	Phil Caviness	Rush Co Prosecutor	Caucasian	M	Justice
4	Nancy Schroeder	Mays Elementary School Principal	Caucasian	F	Education



5	Robert Bridges	Rushville PD DARE/SRO	Caucasian	M	Justice
6	Matt Vance	Rush County Schools (RCS) Superintendent	Caucasian	M	Education
7	Chuck Jenkins	Rushville Fire Department Chief	Caucasian	M	Government
8	Ashley Stevens	Rush County Community Corrections	Caucasion	F	Justice
9	Duane Raab	Rush County Community Corrections	Caucasian	M	Justice
10	Catherine Custer	Rush County Prosecutor's Office	Caucasian	F	Justice
11	Joyce Darnell	RCS Nurse Coordinator	Caucasian	F	Education
12	Frank Denzler	Rushville Republican Newspaper	Caucasian	M	Media
13	Mark Fields	Rush County Probation	Caucasian	M	Justice
14	Craig Tucker	Rushville Police Department Chief	Caucasian	M	Law Enforcement
15	Joe Jarman	Rush County Probation	Caucasian	M	Justice
16	Cindy Harcourt	Harcourt Counseling	Caucasian	F	Treatment
17	Amy Dawson	Ass't Principal Rushville Consolidated High School (RCHS)	Caucasian	M	Education
18	Kristie Amos	Rush County Purdue Extension	Caucasian	F	Education
19	Doug Keith	Deputy RCSD Sheriff's Department	Caucasian	M	Law Enforcement
20	Jean Kopf	Benjamin Rush Middle School	Caucasian	F	Education
21	Barb Kuhn	Rush County Victims' Assistance	Caucasian	F	Intervention
22	Chuck Kemker	Rush County Emergency Management Agency	Caucasian	M	Government
23	Lisa Brownlee	Centerstone Counseling	Caucasian	F	Treatment
24	Julie Innis	Arlington Elementary School Principal	Caucasian	F	Education
25	Cheryl Miller	RCHS At-Risk Counselor	Caucasian	F	Education
26	Jane Turchyn	RCHS	Caucasian	F	Education



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Mark Scheidler		Caucasian	M	Education
Marvin		Caucasian	M	Law
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Jina Dickson	Centerstone	Caucasian	F	Treatment
Melissa	MES Nurse	Caucasian	F	Education
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Mike Ooley		Caucasian	M	Law
	Police			Enforcement
Rob Hadley	RCHS Principal	Caucacian	М	Education
Kay Peyton	FSSP	Caucasian	F	Prevention
	Melissa Hampton Mike Ooley Rob Hadley	Morrell, M.D. John Mull Lisa Bare RCHS Teacher/PHAF Sponsor Mark Scheidler Marvin Hedrick Sue Lebo Charlotte Eakin Marla Stevens Chet Walker Brandon Reynolds Jina Dickson Melissa Hampton Mike Ooley Rob Hadley RCHS RCHS Teacher/PHAF Sponsor RCHS Teacher/PHAF Sponsor BRMS Assistant Principal Glenwood Police Department Centerstone BRMS Principal Centerstone Lisa Bare RCHS RCH	Douglas Morrell, M.D. John Mull Lisa Bare RCHS Teacher/PHAF Sponsor Mark Scheidler Marvin Hedrick Sue Lebo Charlotte Eakin Marla Stevens BRMS Principal Chet Walker Brandon Reynolds Jina Dickson Melissa Hampton Mike Ooley ROB RCHS RCHS Teacher/PHAF Sponsor RCHS Teacher/PHAF Sponsor Caucasian Caucasian	Douglas Morrell, M.D. John Mull Lisa Bare RCHS Teacher/PHAF Sponsor Mark Scheidler Marvin Hedrick Sue Lebo Milroy Elementary School Principal Caucasian Marla Stevens BRMS Principal Caucasian F Caucasian Marla Stevens BRMS Principal Caucasian F Caucasian Marla Stevens BRMS Principal Caucasian F Caucasian M Caucasian F Caucasian F Caucasian M Caucasian F Caucasian M Caucasian F Caucasian M Caucasian M Caucasian M Caucasian M Caucasian F Caucasian F Caucasian M Caucasian F Caucasian M Caucasian F Ca

Problem Identification

A. Problem Statement #1: Underage drinking is a problem in Rush County

B. Supportive Data: Statistically significant findings from the 2014 Indiana Alcohol, Tobacco and other Drug Survey by Rush County Students show the following problems.

- 1. Lifetime prevalence rates for alcohol were higher than the state rates in the 8^{th} , 9^{th} and 12^{th} grade (12.3% ,11.5% and11.4%).
- 2. Monthly prevalence rates for alcohol were higher in the 8th and 9th grades (8.4% and 6.3%).
- 3. Binge drinking rates, within the past 2-weeks, were mostly consistent with the state rates except for the 9th and 11th grade, which were (6.2% and 6.7%) higher that the state rate.



Final Report (end of Year 3):

4.	The Rush County Juvenile Probation Department reports 14 juveniles were
	charged with alcohol offenses in 2014.

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Final Update	(end of Year 3):
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C. Goals:	
1. Enhand	ce alcohol consumption awareness programs in Rush County.
2. Decrea	se binge drinking statistics reflected in the 2014 IPRC survey.
3. Increas	se the number of minor consumption/possession violation
arrests	in Rush County.
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A. Problem Statement #2: Alcohol misuse is a problem among adults in Rush County.

B. Supportive Data: Alcohol is perceived as a harmless addition to entertainment venues and social events in Rush County.

1. The Rush County Prosecutor's Office reported they have filed 60 cases for DUI offenses, with separate 154 total counts in 2014.



Final Report (end of Year 3):

- **2.** The Rush Co Probation Office reports of the 56 tests they performed on persons on probation, 2 tested positive for ethanol, 3.5%.
- **3.** The Rushville Police Department reports reflect 18 adults were arrested for public intoxication in 2014.
- **4.** Rush County Community Corrections reported that of their 116 participants being administered 378 drug tests, 6 tested positive for alcohol.

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Final Update (end of Year 3):
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C. Goals:
1. Increase the percentage of people who see that alcohol is a problem in
our community.
2. Increase arrests for alcohol offenses.
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End of Year 1 Annual Benchmarks:
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D. Objectives:	
 Provide resources for programming opportunities that support alternatives to drinking for the community. Discourage social acceptance of alcohol misuse by providing educat 	ion
through media and community activities.	.1011
3. Provide resources for treatment opportunities for individuals identified with alcohol abuse.	
4. Educate the community on the dangers and consequences of alcohol abuse through media, materials, and activities.	İ
5. Support the enforcement of alcohol misuse.	
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A. Problem Statement #3: Marijuana use and its derivatives are a problem in Rush County.

B. Supportive Data: Because of the national momentum to legalize marijuana in some states, marijuana is seen as a harmless recreational drug that is no more dangerous than alcohol.

1. The Rush County Probation Department reports of the 56 tests given to those on probation in 2014, 17 tested positive for marijuana, 30.3%.



- 2. Rushville Consolidated High Schools reported that in 2014 of the 139 students tested 7 tested positive for marijuana, .05%.
- 3. The Rushville Police Department reports 3 juvenile arrests for possession of marijuana in 2014.
- 4. The Rush Co Prosecutor's Office reports 111 counts of possession of marijuana and 11 counts of dealing in marijuana in 2014.

administered 378 drugs tests in 2014, 21 tested positive for marijuana.	3
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Final Update (end of Year 3):	
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C. Goals:	
1. Increase arrests for marijuana offenses.	
2. Increase public awareness concerning marijuana use and that it is no	ot
a harmless drug.	
3. Increase drug awareness programs in our school systems focusing o	n
marijuana use.	
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End of Year 2 Annual Benchmarks:



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Final Report (end of Year 3):
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D. Objectives:
1. Provide education regarding the dangers and consequences of the use
of marijuana and its derivatives.
2. Discourage the use of marijuana and its derivatives by providing
resources for drug testing.
3. Support the enforcement and adjudication of marijuana and its
derivatives.
4. Support treatment opportunities for those identified as having used
marijuana.
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A. Problem Statement #4: Prescription drug use by youth and adults are a problem in Rush County.



B. Supportive Data: Statistically significant findings from the 2014 Indiana Alcohol, Tobacco and other Drug Survey by Rush County Students show the following problems:

- 1. Lifetime prevalence rates for prescription drugs for students in the 9th grade (4.5%), and over-the-counter drugs for students in the 8th and 9th grade (3% and 5.8%) are above the state rate.
- 2. Monthly prevalence rates for prescription drugs for 8th and 9th grade students (2.8% and = 8%) and for over the counter drugs (= 0%) are above the state rate

_	The Rushville Police Department reported 3 juveniles arrested for either the sale or possession of a controlled substance in 2014. Rushville Consolidated High School random drug tests resulted in 1 student testing
5.	positive for Opiates in 2014. The Rush County Probation Department reported that of the 56 persons tested, 31 tested positive for a controlled substance, or 55%.
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C. Go	als:

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- 1. Increase the percentage of people who understand prescription/OTC abuse is a problem in Rush County according to the community survey.
- 2. Increase the number of arrests and case filings identified as prescription drug related.
- 3. Decrease 30-day use of Rx/OTC as reported by youth on the IPRC survey.



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End of Year 2 Annual Benchmarks:
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Final Report (end of Year 3):
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D. Objectives:
 Conduct an awareness campaign that informs the community that prescription/OTC drugs are being abused and misused in Rush County. Provide education regarding the dangers and consequences of the misuse of prescription/OTC drugs. Discourage the use of prescription/OTC drugs by providing resources for drug testing. Support the enforcement and adjudication of prescription/OTC drugs. Support treatment opportunities for those identified as having abused prescription/OTC. Provide resources and support for community drug take back events.
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Final Update (end of Year 3):

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A. Problem Statement #5: Methamphetamine and Heroin use is a problem in Rush County

B. Supportive Data: Rush County, as well as surrounding counties, have noticed an increase in the use and sale of heroin.

- 1. Narcotics officers for both Rushville and Rush County have observed a notable increase in the use of heroin in Rush County. In 2013 Rush County Law Enforcement Officers made 1 arrest for Possession of Heroin. In 2014 officers made 4 arrests for Possession of Heroin a 300% increase. In 2013 Rush County Law Enforcement Officers made a total of 1 arrest for Dealing Heroin, in 2014 officer made 10 arrests for Dealing in Heroin, a 900% increase.
- 2. Methamphetamine is still the most prevalent drug in Rush County. Heroin is becoming the drug of choice in Rush County because it is less expensive to purchase than meth, as is evidenced by increasing cases of heroin overdose and death in area emergency rooms. Statistical data obtained from Rush Memorial Hospital shows in 2014, (5) overdose cases were attributed to the use of Heroin and (4) overdose cases were attributed to Methamphetamine use.
- **3.** Rushville Consolidated High School reported in 2014 of their 139 tests 1 student tested positive for opiates.
- **4.** Rush County Community Corrections reported that of the 95 testing positive in 2014, 34 or 35.789% were positive for opiates and 12 or 12.632% methamphetamines.
- **5.** Rush County Probation Department reported that in 2014 of their 56 test, 10 tested positive for opiates or 18.5% and 17 for methamphetamines or 30%.
- **6.** The Rush County Prosecutor's Office has reported filing 31 cases, with 36 counts of Possession of Methamphetamine and 13 cases, with 19 counts of Dealing in a Methamphetamine in 2014.

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End of Year 2 Update:

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Final Update (end of Year 3): 2. 3. 4. 5. C. Goals: 1. To increase public awareness of the dangers of the use of methamphetamine and heroin. 2. Provide education regarding the dangers and consequences of the use of methamphetamine and heroin. 3. Discourage the use of methamphetamine and heroin by providing resources for drug testing. 4. To support the enforcement of possession and sale of methamphetamine and heroin. 5. Support treatment opportunities for those identified as having used methamphetamine and heroin. End of Year 1 Annual Benchmarks: 1. 2. 3. **End of Year 2 Annual Benchmarks:** 1. 2. 3. Final Report (end of Year 3): 1.

D. Objectives:

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- 1. Provide education regarding the dangers and consequences of the use of methamphetamine and heroin.
- 2. Discourage the use of methamphetamine and heroin by providing resources for drug testing.
- 3. Support the enforcement and adjudication of methamphetamines and



heroin.

4. Support treatment opportunities for those identified as having used methamphetamine and heroin.

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Final Update (end of Year 3):

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Next Annual Update Due: February 28, 2016

Next Comprehensive Community Plan Due: February 28, 2018

Disclaimer:

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

Terms and Conditions:

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper



documentation regarding funds that are collected, allocated, and disbursed within the county. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

Initials: RMB

